

Name in Full

Certificate of Death

William Adams

Town

County

Died at Hillview

St Marys

MARYLAND

| Date | Month | Day | Y. | M. | D. | Native of | Occupation |
|--------|---------|---------|----|----|----|-----------|---------------------------|
| 1925 | 3 | 16 | " | " | 1 | Ind | |
| Male | White | Married | | | | Widow | Divorced |
| Female | Colored | Single | | | | Widower | Number of children living |

Husband
of
Wife

Father's Name Howard Adams

Mother's Name Minnie Copsey

| Cause of | Primary | How long sick |
|----------|-----------------|-----------------------------|
| Death | Premature Birth | From birth |
| | Immediate | 15 |
| | | Accident, Suicide, Homicide |

Reported by

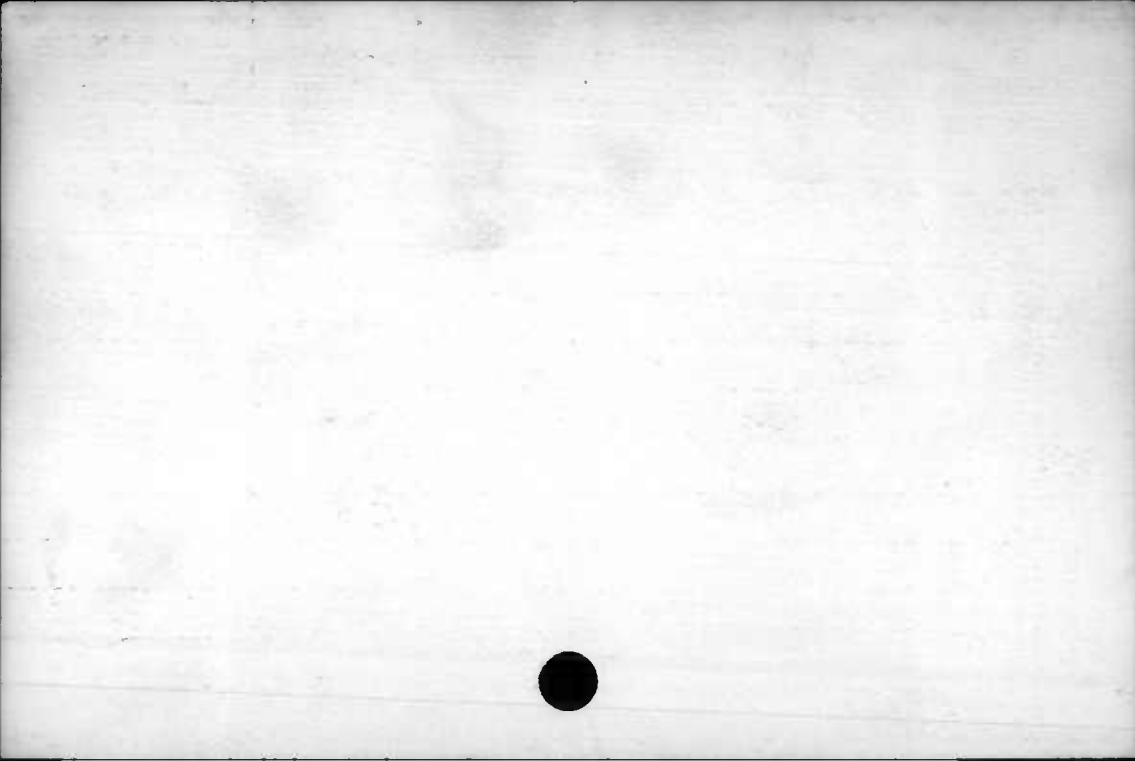
Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965



| | | | | | | | |
|--|--|-----------------|--|-------------------------|--|-------------------------|--|
| Name in Full | | Phillip. Clark | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died at | | Town Palmer | | County St. Mary's | |
| | | Date of death | | Month | | Days | |
| | | 1905 | | 3 | | 9 | |
| | | Age | | Years | | Months | |
| | | 38 | | 7 | | 3 | |
| Sex | | male | | Color or Race | | colored | |
| Occupation | | Osteoman | | Birth-place | | md | |
| Where Residing if not at place of death | | | | | | | |
| Married, Single or Widowed | | Single | | Name of Wife or Husband | | — | |
| Father's Name | | Zuke Clark | | | | Father's Birthplace | |
| Mother's Maiden Name | | Maria Steward | | | | Mother's Birthplace | |
| Name of person giving information | | Henry Clark | | | | How related to deceased | |
| | | Brother | | | | | |
| | | CAUSES OF DEATH | | | | | |
| PHYSICIAN OR CORONER | | Primary | | Pneumonia | | How long | |
| | | | | | | 93 | |
| | | Immediate | | | | How long | |
| | | | | | | 11 days | |
| Are the name, age, sex, color, date and place correctly given above? | | yes. | | Signature of Physician | | Roll V. Palmer | |
| | | | | Address | | Palmer | |
| | | | | | | md | |
| Accident or Suicide? | | | | | | | |



Mary E. Cooper

Town

Talley Lee

County

St. Mary's

MARYLAND

Died at

Date 19 *18*,

Month

Day

Nov. 6,

Y.

M.

D.

Age

44

Native of

Maryland

Occupation

/

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

~~Husband~~ of

Jodie W. Cooper

Wife

Father's

Name

Henry Long

Mother's

Maiden Name

Sallie Horner

Cause of

Primary

Pulmonary Tuberculosis

How long sick

8 days

Death

Immediate

Pneumonia

22 Accident, Suicide, Homicide

Reported by

T. Horner Lynch, Jr. S.

Address

Talley Lee Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Hattie Purline Daley

Town

County

Died at

Dayden

St. Mary's

MARYLAND

Date

1905

Month

Mar

Day

6

Y.

M.

D.

Native of

St. Mary's

Occupation

Age

-

6

-

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband

Wife

Father's

Name

Walter Daley

Mother's

Maiden Name

Ella Cladden

Cause of

Primary

Pneumonia

Death

Immediate

Convulsions

How long sick

3 days

~~Accident, Suicide, Homicide~~

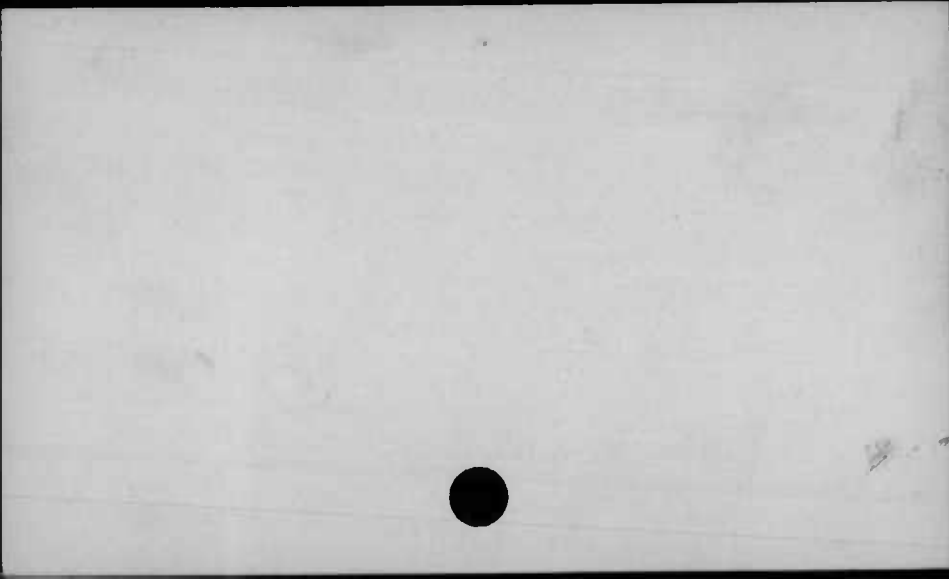
Reported by

T. Horner Lusk, M.D.

Address

Valley Lee Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Joseph W. Raley

Town

Red Gate

County

Died at ~~Red Gate~~ St. Mary's

MARYLAND

Date 1905, Month Mar, Day 22, Y. 60, M. - , D. - , Native of Maryland, Occupation Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living 8

Husband of Mary E. Raley

Father's Name John B. Raley

Mother's

Maiden Name

Cause of Death { Primary Chronic Cystitis, Immediate Typhilitis and exhaustion. How long sick 17 3/4 months on a diet -

Accident, Suicide, Homicide

Reported by T. H. Hopen Truck. Ins.,

Address Valley Lee, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Beatrice Travers

Town

County

Died at

Orayden

St. Mary's

MARYLAND

Date 1905-
 Month Day Y. M. D. Native of Occupation
 Nov. 22, Age 1 4 - Maryland
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living

~~Husband~~
~~Wife~~ of

Father's Name John, H. Travers Mother's Maiden Name Janie Armstrong

Cause of Death { Primary Acute Meningitis Immediate
 How long sick 48 hours
~~Accident, Suicide, Homicide~~

Reported by T. Horner Lynch, Inc.
 Address Valley Lee, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

